

STATE OF SOUTH CAROLINA

RECEIVED

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

APR - 1 2009

ORS  
T.T.W. VAN

TRANSPORTATION COVER SHEET

Application for a Class C  
Charter Certificate from  
Columbia Care of SC, LLC

DOCKET

NUMBER: 2009-143-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Malcolm Young  
Address: 11 Red Cedar Dr.  
Columbia, SC 29229

Telephone: (803) 476-6118  
Fax: (803) 865-0462  
Other: \_\_\_\_\_  
Email: MALCOLM.D.S.C.6@AOL.COM

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☒ Application - Class C Taxi
- ☒ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☒ Application - Class C Non-Emergency
- ☐ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement
- ☐ Request for Name Change on Certificate

- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other: \_\_\_\_\_

RECEIVED

APR 01 2009

PSC SC  
DOCKETING DEPT.

PS

## PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Attn: Docketing Department

101 Executive Center Drive

Columbia, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

Office # (803) 896-5100 - Fax # (803)-896-5199

CLASS C - CHARTER

DATE April 1, 2009**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND  
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Columbia Care of SC LLC

2. (a) Street Address of Applicant 11 Red Cedar Dr

Columbia, SC 29229

- (b) Mailing address, if different from street address same

- (c) Telephone Number 803-476-6118 Fed ID #

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.
6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

**BALANCE SHEET**

Balance at Time Application is Filed:

Month: 02 Year: 2009

Assets:	
Cash	\$15,000.00
Receivables	
Real Estate	
Buildings and Equipment-Net	
Motor Vehicles-Net	Vehicles not purchased yet
Garage Equipment-Net	
Machinery and Tools-Net	
Supplies on Hand	
Prepays and Other Assets	
Total Assets	\$15,000.00
Liabilities and Equity:	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

I, Malcolm Yowen, Owner - President  
(Name of Applicant's Representative) (Title)

of Columbia Care of SC, LLC the Applicant for the Certificate of Public  
(Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

**SWORN TO BEFORE ME**

At Columbia, S.C.

This the 1st day of April 2009

Linda J. Jones  
(Notary Public)

Mal Y  
(Signature of Applicant's Representative)

Commission Expires: \_\_\_\_\_

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

COLUMBIA CARE OF SC, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on March 18th, 2009, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
18th day of March, 2009.

A handwritten signature in cursive script that reads "Mark Hammond".

Mark Hammond, Secretary of State

## PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant COLUMBIA CARE OF SC, LLC

For the transportation of passengers as follows:

Area to be served: STATE OF SOUTH CAROLINANumber of passengers: up to 3 6 pass.Fares: 5.00 / mileDate 2/19/09 By Malcolm YoungTitle Owner / Operator

## EXHIBIT D

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**

## DESCRIPTION OF EQUIPMENT

[illegible]

\* Seats if passenger carrier.

Columbia Care of SC, LLC.  
(Applicant)

Date:

2/20/09

(Applicant's Representative)

OWNER / OPERATOR  
(Title)

## INSURANCE QUOTE

The following insurance quote is for:

~~Matco~~ ~~Towne~~ Columbia Care of S.C., LLC  
(Name of Motor Carrier)

11 Red Cedar Dr. Columbia, SC 29229  
(Address of Motor Carrier)

### Amount of Premium:

Liability Insurance \$ 2645

The above quoted premium is for a term of 12 months.

### Minimum Limits - Intrastate Only:

1 - 7 passengers	-	25,000/50,000/25,000
8 - 15 passengers	-	25,000/100,000/25,000

SOUTHERN UNITED FIRE INSURANCE COMPANY  
(Insurance Company Name)

158 N. HARBOR CITY BOULEVARD MELBOURNE FL 32935  
(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

4-1-09   
Date (Authorized Insurance Company Representative)

Rev 5/07

**EXHIBIT FWA**

Name: Malcolm Young DBA Columbia Care

Address: 11 Red Cedar Dr. Columbia, SC 29229

Telephone No. (803) 476-6118 Fax No. (803) 865-0462

U.S.D.O.T. No. \_\_\_\_\_ ICC No. \_\_\_\_\_

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes \_\_\_\_\_ No ✓ Pending \_\_\_\_\_ (Submit when received)  
(If "yes", indicate rating and provide copy) Satisfactory \_\_\_\_\_  
Conditional \_\_\_\_\_  
Unsatisfactory \_\_\_\_\_

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes \_\_\_\_\_ No ✓

3. Are there currently any outstanding judgment (s) against Applicant?

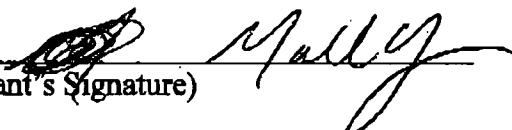
Yes \_\_\_\_\_ No ✓  
(If "yes", indicate nature of judgment(s).)

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes ✓ No \_\_\_\_\_

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes ✓ No \_\_\_\_\_  
(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

  
(Applicant's Signature)

Sworn to before me  
At Columbia, SC  
This 1st day of April, 2009  
Fred Q. Jones  
(Notary Public)

Commission Expires: \_\_\_\_\_